

**Brooke County Teen Court**  
**1300 Potomac Avenue, Suite C**  
**Weirton, WV 26062**  
**Phone: (304) 748-7850**  
**Fax: (304) 224-1267**



## TEEN VOLUNTEER APPLICATION

*(Please print clearly)*

_____ Name		_____ Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
_____ Mailing Address		_____ City, State, Zip	
_____ Email Address	_____ Home Phone	_____ Mobile Phone	
_____ School		_____ Grade	

Area of Interest:

Defense Attorney       Prosecuting Attorney       Juror       Bailiff

I would like to be involved in Teen Court because \_\_\_\_\_

\_\_\_\_\_  
Teen Volunteer Signature

\_\_\_\_\_  
Date

### Waiver

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, do hereby agree that as a condition of my child's participation in Teen Court, to hold the Teen Court Coordinator, Clerk of the Circuit Court, County of Brooke, Brooke County School Board of Education, Circuit Court, and their employees agents and their representatives, harmless from any and all liability and against any and all claims, of whatever nature and kind, whether it be for injury, loss or damage to persons, property or otherwise, arising out of or in connection with Teen Court. I hereby give my child permission to participate in Teen Court of Brooke County.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date